

MHLA PROVIDER BULLETIN # 4

March 17, 2015



Monthly Grant Funding, Payment and Medical Encounter Data Submission Information

TOPIC	PAGE
MHLA Monthly Grant Funding (April 1, 2015 onward)	1
MGF Process	1
Payment Inquiry	2
Disenrolled and Denied Applications	2
Payment Withhold	3
Medical Encounter Data	3
Allowable Procedure Codes	4
Visits at Different Clinic Sites	4
Dental Claims Submission	4
Drug Formularies (Primary Care and Dental)	5
Enrollment Reports	5
MHLA Conference Call on Provider Bulletin #4	6

MHLA Monthly Grant Funding (April 1, 2015 onward)

Effective April 1, 2015, MHLA will reimburse Community Partners (CPs) a Monthly Grant Funding (MGF) rate when a participant has been enrolled into MHLA through One-E-App (OEA) and all required eligibility documents have been uploaded into the OEA system. Community Partner (CP) Clinics will be paid a rate of \$28.00 per participant/per month for MHLA Included Services, plus \$4.00 per participant/per month for pharmacy (for a total of \$32.00 per month; however, please note that this \$4.00 pharmacy MGF will be eliminated once the MHLA Pharmacy Phase II program is implemented with the launch of a Pharmacy Services Administrator – likely in August or September 2015). The \$28 primary care rate includes ancillary services, such as laboratory and basic radiology, as described in the MHLA Agreement.

After April 1, 2015, clinics will no longer receive Fee-For-Service (FFS) reimbursement for Included Services provided to Participants, except for FFS dental claims, as described in more detail in Pages 4 and 5. CP Clinics have until May 31, 2015 to submit all new FFS claims for services provided prior to March 31, 2015 (and until June 30, 2015 to resubmit appealed claims).

MGF Process

MGF will be calculated and paid based on the total number of enrollments in OEA for the prior month. This means that \$32 will be paid for each MHLA Participant enrolled in OEA as of the last day of the calendar month for which the MGF is being calculated. DHS will pull this data a few weeks after the end of the month, in order to allow the Eligibility Unit time to disenroll MHLA Participants who are not eligible for the MHLA program and/or disenroll those Participants whose applications were submitted incomplete (for example, submitted without all required eligibility documents uploaded). (However, please note that application audits can take place at any time, not just the immediate month following the month to which the MGF relates).

MHLA PROVIDER BULLETIN # 4

March 17, 2015

Each CP clinic will receive a detail report which will include specifying a list of (a) each enrolled Participant for whom payment is being made, (b) any Participant for whom payment is being adjusted (i.e., adjustment of a payment made on behalf of someone who was disenrolled due to the submission of an “Incomplete Application”), and (c) if applicable, the rationale or reason for any temporary withholding of payment to the clinic (i.e., because the Encounter Data was not received by DHS for that month, see Page 3 for more details). DHS will provide to each Agency a Remittance Advice (R.A.) initially through the use of secure email, and eventually by uploading the data to a File Transfer Protocol (FTP). Per the MHLA Agreement, DHS will remit the MGF payment within 45 days following the month to which the MGF relates. If the 45th day is a weekend or bank holiday, payment will be remitted on the immediately following business day. Please see Attachment A for an example of the payment detail that clinics will receive as their R.A.

Payment Inquiry

If upon receipt of the R.A. a CP believes that the amount of the MGF or Pharmacy MGF payment is incorrect, CP may submit an inquiry to DHS, in the attached format, with such supporting information, to MHLAMGF@dhs.lacounty.gov.

All inquiries must be submitted within thirty (30) calendar days of the CP’s receipt of payment. DHS will review the inquiry and issue a written determination within thirty (30) days to the CP. If the CP does not file the payment inquiry to DHS within the 30 day timeframe, the amount of the MGF or Pharmacy MGF will be considered final, unless subsequently modified by DHS as a the result of an internal audit or review. The MHLA Agreement states:

5.5.5 Contractor Inquiries. If Contractor believes that the amount of the MGF or Pharmacy MGF is incorrect, Contractor may submit an inquiry to the Department, in the format, with such supporting information, and to such location as the Department shall from time to time specify. Any such inquiry must be submitted within thirty (30) days from Contractor’s receipt of the payment. The Department shall review the inquiry and issue a written determination within thirty (30) days to Contractor as to whether the payment amount will be adjusted, and if so, by how much. If Contractor does not file a contest with the specified period of time, the amount of MGF or Pharmacy MGF paid shall be considered final, unless subsequently modified by County as a the result of an audit or review.

Contractually, DHS can conduct an internal audit or review any time during the Agreement or within five (5) years after the Agreement’s expiration. The MHLA Agreement states:

8.42.5: If, at any time during the term of this Agreement or within five (5) years after the expiration or termination of this Agreement, whichever is later, representatives of County conduct an audit, review or investigation (audit) of Contractor regarding the work performed under this Agreement, and if such audit finds that County’s dollar liability for any such work is less than payments made by County to Contractor, then the difference shall be either: a) repaid by Contractor to County by cash payment upon demand or b) at the sole option of County’s Auditor-Controller, deducted from any amounts due to Contractor from County, whether under this Agreement or otherwise.

Disenrolled and Denied Applications

An applicant will remain enrolled in MHLA when an OEA application is completed and approved in compliance with all MHLA eligibility rules and guidelines and when all required eligibility documents are

MHLA PROVIDER BULLETIN # 4

March 17, 2015

uploaded (i.e., proof of identification, Los Angeles County residency, income). DHS will not pay, at any point, MGF for applications that are disenrolled or denied due to being incomplete and/or not in compliance with eligibility program rules. The MHLA Agreement states:

5.2.3 The MGF shall not include payment for Participants whose required documents were not uploaded into the Enrollment System.

If upon application audit, at any point in time, it was determined that an application which was submitted to the MHLA program was actually incomplete (i.e., some or all required eligibility documents were missing), the enrollment of the participant will be considered “denied” and MGF payment for that individual will be nullified back to the original date of enrollment and reconciled on a future R.A.

Payment Withhold

Payment to a CP will be made only to the extent that the CP has met all of its service deliverables, which primarily includes the submission of medical encounter data due that month. Until medical encounter data is submitted, DHS will temporarily suspend payment of the MGF in accordance with Section III.M. of the Statement of Work, Exhibit A.

In addition, if it is determined that a CP is in default under the terms of the MHLA or any other agreement with the County and/or has not met all of their financial obligations under the terms of this or other Agreements with the County, payment may also be withheld until all accounts can be reconciled by DHS. The MHLA Agreement states:

5.5.3 Suspension of Payment

Payment shall only be made to the extent Contractor has met all of its service deliverables, including the obligations related to the submission of medical encounter data due during that month; is not in default under the terms of this or any other agreement with the County; and has met all financial obligations under the terms of this and any prior agreements with the County. If such conditions have not been met, the Department may suspend payment of the MGF in accordance with Section III.M. of the Statement of Work, Exhibit A.

Medical Encounter Data

Effective April 1, 2015, all CP clinics are required to submit monthly medical encounter data information for all MHLA Participants receiving MHLA Included Services from all clinic site locations, including satellite, mobile, and school based clinics, and to indicate in the medical encounter data submission the site where the service was provided. Submission of medical encounter data is a contractual service deliverable, and MGF payments will be suspended if this data due in a particular month is not provided timely. MHLA Participants must be enrolled in OEA by the last day of the month in which services are rendered in order for the clinic to submit a medical encounter data on behalf of that Participant.

AIA is the County’s vendor that will process medical encounter data. CP clinics will submit medical encounter data to AIA in the same way and using the same forms/format that are currently used to submit claims. These forms are available on the MHLA website (under the tab “For DHS and Community Partners, Reference Manual, PINs and Forms - Tab 7 – Fee-For-Service Billing Information.”) You will need a log-in to access these forms, and the log-in is username: **mhlacpp** and password: **Lacounty1**.

If you need help submitting the claim form for medical encounters to AIA, please email Denise Wampler (denise@mapinc.com), Marta Contreras marta@mapinc.com and Kristen Case kristen@mapinc.com.

MHLA PROVIDER BULLETIN # 4

March 17, 2015

Clinics will submit the HIPAA compliant medical encounter data information using the preferred electronic claim (837) Layout, or a paper claim (CMS 1500 Form), and will continue to use Program Code “MHLA” and provide the MHLA ID Number (PERSON ID # on the OEA system) for Included Services.

A clinic must submit their medical encounter data to AIA, similar to how a FFS claim is submitted currently. It is important that the form “match” the patient information in OEA. In order to process the medical encounter data, AIA will look to the MHLA “fully enrolled” eligibility file provided by DHS, which is pulled directly from OEA, and then match the medical encounter data submission to this file.

The most important thing to get correct on the medical encounter data form is the **PERSON ID#**. If this is incorrect, the medical encounter data will automatically be rejected. Once the Person ID# has been matched, an additional match is performed by using the Last Name and First Name of Patient, the Date of Birth, and the Gender. Once the PERSON ID# on the medical encounter matches the OEA enrollment file, then two out of three additional fields must match in order for the medical encounter to be processed (Last Name, First Name, Date of Birth, or Gender). If the PERSON ID # matches, but only 1 subsequent field matches, then medical encounter will be rejected as mismatch.

Clinics may fix and resubmit rejected medical encounters. Clinics will be charged a monthly for the per-encounter cost of \$1.00 per electronic encounter and \$1.25 per manual encounter for the costs incurred by DHS in AIA’s processing of all rejected and cancelled medical encounters.

If DHS determines that the medical encounter data provided by the CP is deficient, DHS will notify the CP in writing of such deficiencies. A CP will have 14 calendar days to submit a credible plan of correction which explains both how the deficiency will be rectified and how CP’s processes or procedures will be modified to assure that the deficiency will not reoccur. The CP will also need to resubmit corrected medical encounter data. DHS may, upon written notification to the CP, temporarily suspend payment if the CP fails to meet these obligations until such time as the issues or problems are corrected.

Allowable Procedure Codes

For PRIMARY CARE VISITS provided under MHLA, CPs may use CPT codes 99201 – 99205 for new patients and 99211 – 99215 for existing patients. Effective April 1, 2015, CPs may use PREVENTATIVE HEALTHCARE CPT Codes 99383 – 99387 for new patients and 99393 – 99397 for existing patients.

Visits at Different Clinic Sites

A MHLA participant assigned to your agency may receive services at any MHLA approved site within your agency. You may submit the medical encounter data to AIA for services rendered at any of your medical home sites within your agency.

Dental Claims Submission

Dental Care Services are not a “benefit” of the MHLA program. However, some CPs are approved to provide Dental Care Services to MHLA enrolled and/or MHLA eligible patients. Verification of the dental patient’s eligibility must be documented in their dental record.

If an eligible dental patient is not enrolled in MHLA, and is only seeking dental services from the clinic (not primary care), the clinic should **not** enroll this patient into MHLA. In this case, the dental clinic should fill out, and attach to the dental record, a Dental ATP Form. The dental eligibility period is one year from the dental patient’s signature on the Dental ATP Form. (Please note, if this dental patient

MHLA PROVIDER BULLETIN # 4

March 17, 2015

later enrolls in MHLA (i.e. after their first dental visit), then the eligibility dates on the Dental ATP Form should be considered the patient's eligibility for dental services (i.e. twelve months following the patient's signature on the Dental ATP Form).

If a dental patient is enrolled in MHLA at the time that they seek dental services, a Dental ATP Form still needs to be filled out and signed, however the dental clinic should simply print out the One-e-App Summary Sheet and attach it to the patient's dental record in lieu of completing the income calculation portion of the form.

CP clinics who offer dental services will continue to bill AIA on a FFS basis for dental services rendered to both MHLA enrolled and MHLA eligible patients. The MHLA program will pay Denti-Cal codes and rates, up to the maximum dental allocation per site. The program will not pay for Denti-Cal codes that are restricted, or for codes that require prior authorization. Pharmaceuticals dispensed to dental patients will be reimbursable at a rate of \$4.00. Dental-related pharmaceuticals must be dispensed according to the MHLA Dental Drug Formulary (See "Drug Formularies", below).

To submit a FFS claim for a dental service provided under the MHLA program, CP clinics may submit dental claims to AIA as a paper claim (American Dental Association (ADA) form J430D) or as an electronic claim (using 837 Dental Transaction File layout). You can access these forms on the MHLA website as well as on the ADA website (www.ada.org).

To submit a FFS claim for a dental-related pharmaceutical, use the same pharmacy claim form or excel pharmaceutical claiming spreadsheet that has been used up to this point, which is available on the MHLA website (under "For DHS and Community Partners, Reference Manual, PINs and Forms - Tab 7 – Fee-For-Service Billing Information"). Please note that payment for FFS dental claims will continue to be generated by the DHS Fiscal Service Office (as is current practice).

If you need assistance submitting FFS dental claims to AIA, or have questions about your FFS dental payments, please email Denise Wampler at denise@mapinc.com, Marta Contreras marta@mapinc.com and Kristen Case kristen@mapinc.com. If you have questions about your dental R.A. or status of payment for FFS dental claims, please email Manal Dudar at Mdudar@dhs.lacounty.gov.

Drug Formularies (Primary Care and Dental)

The MHLA program has a drug formulary for both primary care and dental services. CPs are required to only prescribe to MHLA participants those pharmaceuticals listed on the formulary. The drug formulary for both primary care and dental is available on the MHLA website (under "For DHS and Community Partners, Reference Manual, PINs and Forms - Tab 5 – Pharmaceutical Information.")

Enrollment Reports

DHS will not send enrollment, pending, denial or disenrollment (unless that disenrollment resulted in a payment adjustment of some kind) reports to CPs (other than the enrollment detail for the purposes of MGF payment on the Remittance Advice). Clinics can retrieve this information themselves directly out of the OEA system. To view your enrollment, pending, and disenrollment reports, have your clinic's System Administrator log onto OEA and click "Medical Home Summary" on the left side of the screen.

▪ [Medical Home Summary](#)



MHLA PROVIDER BULLETIN # 4

March 17, 2015

Reports can be viewed by clinic site, or for your entire agency as a whole. You must enter the date range and click on View Summary. The information can be exported to Excel.

Medical Home:

Disposition Status:

Date Range

From

To

[View Summary](#)

MHLA Conference Call on Provider Bulletin #4

A conference call to discuss the contents of this Provider Bulletin will be held on **Tuesday, March 24, 2015 from 2-3pm**. CP Clinic finance, billing and operations staff are strongly encouraged to participate. **Dial 1-(800) 230-1074 to participate** (there is no password). We kindly ask multiple staff in a clinic to use one phone if possible. If you have any questions, please contact your Program Advocate. If you would like to be added to the distribution list for Provider Bulletin and other notices, please email Kiet Van at kvan@dhs.lacounty.gov.